FEB 27 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22 21

1. PLACE OF DEATH

64 County Marion
Township Miller
City Withers Mill (No. _____

Registration District No. 541
Primary Registration District No. 5739
No. 2

File No. _____
Registered No. 43
St. _____ Ward. _____

2. FULL NAME Mary James Withers

(a) Residence, No. Withers Mill, St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED.
HUSBAND OF (OR) WIFE OF Samuel Withers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	88	3	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 262
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Loudoun Co., (STATE OR COUNTRY) Virginia

FATHER
13. NAME Robert James
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Winifred Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Miss Sadie Withers
(ADDRESS) Withers Mill, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Providence DATE Jan 29 1937

19. UNDERTAKER Wm M Smith
(ADDRESS) 902 Bdwy, Hannibal, Mo

20. FILED Jan 29, 1937 W. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936, to Jan 26, 1937
I last saw her alive on Jan 20, 1937 Death is said to have occurred on the date stated above, at 11:25 pm.
The principal cause of death and related causes of importance were as follows:

Arterio sclerosis — Date of onset 10 yrs

Other contributory causes of importance:
Carcinoma of Breast — 2 yrs

Name of operation no Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _____ , M. D.
(Address) Hannibal, Mo